

## CONNECTICUT LEGAL RIGHTS PROJECT

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### TESTIMONY OF JAN VANTASSEL, ESQ. GOVERNMENT ADMINISTRATION AND ELECTIONS COMMITTEE March 17, 2010

My name is Jan VanTassel. I am the Executive Director of the Connecticut Legal Rights Project, a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities. I am here today to express my strong opposition to SB 424, AAC Agency Consolidation and the Creation of the Health and Human Services Consolidation Steering Committee as it pertains to planning the merger five state agencies. I have no position on the section of the bill that extends the pilot program for janitorial services.

My opposition to consolidation is not based solely upon my twelve years of experience at CLRP, although it has had a substantial impact on my position. Rather, my opinion is informed by more than thirty years as a public interest attorney; one who worked in state government for six years and understands the strengths and weaknesses of a large bureaucracy; and one who has worked in legal services representing the interests of elders and persons with developmental disabilities as well as persons receiving public benefits.

I am aware that the state's long term care plan endorses measures to eliminate administrative silos and the barriers to services. The plan encourages an emphasis on function rather than diagnosis in providing services across the lifespan, regardless of age. In doing so, however, the plan does not suggest that diagnosis and specialized treatment needs are irrelevant, or that the complete merger of agencies is the only way to accomplish this goal. Rather the emphasis is on increasing collaboration and streamlining access to services.

I find it troubling that the purpose of this legislation is not articulated. The statement of purpose simply indicates that the purpose is to establish a steering committee to develop an agency consolidation plan. It therefore presumes that consolidation will accomplish some important state purpose that must be so obvious that it does not need to be stated.

However, that purpose is not apparent. Is the goal to improve services for the persons currently served by these agencies? Is it intended to streamline government functions and promote collaboration? Or is our primary purpose to save money through perceived efficiencies? It would be informative to know the goal, but in the final analysis, I have reached the conclusion that the end does not justify the means.

I understand, respect and appreciate the importance of agency collaboration. I also know from personal experience that it is not necessarily a byproduct of staff working within the same agency. In fact, I have seen divisions in the same department; and units within the same division, deliberately undermine one another because of different philosophies or bureaucratic competition for staff or recognition. In contrast, as a member of the steering committee of the Medicaid Infrastructure Grant (Connectability) and the Oversight Council of the Mental Health Transformation Grant, and Chair of the Steering Committee of the Reaching Home Campaign, I have witnessed productive interagency collaboration on issues such as jail diversion and re-entry, housing, employment and health care initiatives. Such collaboration has extended well beyond the traditional human services agencies to include corrections, education, labor and the judicial

branch. It does not require merger to be successful, and indeed, there is something to be said for the value of collaboration among equals agencies.

I also realize that the majority of states have umbrella human service agencies, and that for some this fact alone serves as a justification for such a structure. I'm sure the rationale that everyone else does it can be compelling, although it does not seem to carry the day on many other measures that have a direct financial benefit, such as Sunday sale of alcohol. So I do not understand why that is sufficient reason to follow the crowd on this issue. The question that we must answer is what is best for Connecticut residents.

To my knowledge, there is no consensus regarding the benefits of an overarching state health and human services agency. I believe that the most prevalent justification for merger is that it will generate savings, and in times such as these, that seems to be justification enough. Certainly it will give taxpayers the impression that the state is trying to be more streamlined. I am not opposed to merging administrative functions, such as personnel, payroll, contracts, purchasing. But, other than eliminating some appointed commissioners and reducing the letterheads, it is not a foregone conclusion that merging program functions will generate savings. The functions of these agencies are distinct and varied, and putting them under one umbrella will not diminish the need for staff to fulfill each of those unique functions.

What such a merger will accomplish is putting the unique programming and services for individuals served by DMHAS and DDS at risk. While it may not be readily apparent to persons who have not interacted with the target populations served by these agencies, they are by no means similar. In fact, the target populations served by each of these agencies have diverse impairments and treatment needs that seem to expand in scope as our knowledge expands. Bipolar disorder, schizophrenia, anxiety disorders, major clinical depression, all of which may be compounded by trauma, and must be addressed in a culturally competent, gender sensitive and age appropriate manner, present a broad scope of challenges for DMHAS. These are challenges that DMHAS struggles to address through an inpatient and community system that covers multiple levels of care client independence. While some of the terms, such as case management, housing assistance, peer support may be the same as DDS, they are not the same functions, do not require the same expertise, and are by no means interchangeable.

As the Executive Director of an organization that is responsible for identifying and challenging problems within the DMHAS system, I can assure you that it is not perfect and would not claim to be. However, most of the legislators and administrators that interact with DMHAS on a regular basis agree that it is generally well run and that it continues to make progress in providing cost-effective, recovery-oriented services to its target population. I can tell you that it is responsive to client issues brought to its attention, and makes an effort to institute changes in what can be regarded as a timely manner in the context of state standards.

DMHAS is already a large, and fairly effective agency. Imposing consolidation threatens the stability of its programs as well as the individuals that it serves. When there is no compelling rationale articulated for such a radical change, it should not be pursued. DMHAS is not broke, so please, don't try to fix it.